

ATTACHMENT 4.19-E

The Nebraska Medical Assistance Programs use the following definitions for a claim to meet the requirements for timely claims payment under 42 CFR 447.45:

1. For inpatient hospital services, a total claim is a single Form HCFA-1450;
2. For long term care services, a total claim is a unique document number;
3. For outpatient hospital services, a total claim is a unique document number on Form HCFA-1450;
4. For physicians' services, a total claim is each single line item on Form HCFA-1500;
5. For dental services, each single line on Form MC-13 is a total claim;
6. For other practitioner services, a total claim is each single line item on Form HCFA-1500;
7. For clinic services, a total claim is each single line item on Form HCFA-1500;
8. For home health services, a total claim is a unique document number on Form HCFA-1450;
9. For family planning services, a total claim is -
  - a. A unique document number on Forms HCFA-1450 and MC-3; and
  - b. Each single line item on Form HCFA-1500;
10. For laboratory and radiology services, a total claim is each line item on Form HCFA-1500;
11. For prescribed drugs, a total claim is a unique document number on Form MC-3;
12. For EPSDT services, a total claim is each line item on Form MC-5;
13. For sterilization services, a total claim is -
  - a. A unique document number on Form HCFA-1450 and
  - b. Each line item on Form HCFA-1500; and
14. For personal care aide services, a single line on Form MC-82; and
15. For other care, a total claim is -
  - a. A unique document number on Form MC-3; and
  - b. Each line item on Form HCFA-1500.

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